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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 04 1997 8:00am

Secretary of State

450-8909

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Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF CORPORATIONS DOCUMENT # P95000033777 (0) JIANNY'S STYLES, INC.								
Principal Plac	e of Business	Mailing Address 9968 PINES BLVD. PEMBROKE PINES FL 33024-6139			I GODIOTI NO IANA BIIN OTIN GOM BAK	HI OBUTA KINTA (iliti ibbil ibb	
1966 PINE S BL PEMBROKE PIN								
					3. Date Incorporated or Qualified 05/01/1995		te of Last 1/1996	Report
2. Principal P	flace of Business	2a. Mailing Address			4. FEI Number 65-0614680		h——	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	0	City & State			6. Election Campaign Financing	<u></u>	\$5.00	May Be
3] Zip	Country	71p	Coun	try	Trust Fund Contribution 8. This corporation has liability for	r intangible I		s. 199.032,
4	25	29	30		Florida Statutes	🗌 Yes 🕻	No	
	g, Name and Address of Curren	it Registered Agent		···	10. Name and Address of New R	egistered A	\gent	
	roz, fausto r I Sw 2nd st.			Name				
	BROKE PINES FL 33025		L		Iress (P.O. Box Number is Not Accepta	able)	·	
			L	83				
			1	B4 City		FL	85 Zip	Code
	to the provisions of Sections 607.050 registered agent, or both, in the State an familiar with, and accept the obliga	2 and 607.1508, Florida S of Florida Such change ations of, Section 607.050	Statutes, the aboves authorized 95, Florida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the tition's board of directors. I hereby acce		changing cintment a	its registered s registered
SIGNATURE	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obligations to the state of the state	nd and title if applicable D DIRECTORS	(NOTE Registered	Agent signature requi	poration submits this statement for the tition's board of directors. I hereby accelling the tensialing of the ADDITIONS/CHANGES TO OFFI	purpose of ept the appo	DIRECTO	PRS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	P QUIROZ, FAUSTO R. 9821 SW 2ND ST.	ed and tille if applicable	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR	Agent signature requi E AE EET ADDRESS	ired when reinstating)	purpose of ept the appo		PRS IN 12
SIGNATURE 12. TULE NAME SIREEL ADDRESS CHY-ST-ZIP	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025	nd and title if applicable D DIRECTORS	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agant signature requi E AE EEI ADDHESS (-ST-ZIP	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO	PRS IN 12
EIGNATUFIE 12. OUF MANE EIREFLADORESS OUY-ST-ZIP MILLE	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025	ed and tille if application DIRECTORS DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent signature requi	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	ORS IN 12
SIGNATURE 12. 1015 NAME SIREFI ADDRESS III.E NAME SIREFI ADDRESS	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	ed and tille if application DIRECTORS DELETI	(NOTE Registered 13. E 11 TITU 1.2 NAA 1.3 STR 1.4 CIT E 2.1 TITU 2.2 NAA 2.3 STR	Agent signature required E AE EEI AODHESS (-ST-ZIP EEI ADDRESS	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	ORS IN 12
SIGNATURE 12. HUE NAME SIREFI ADDRESS DILLE VAME STREET ADDRESS STREET ADDRESS	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025	ord and tille if appricable D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAA 1.3 STR 1.4 CIT E 2.1 TITL 2 2 NAA 2.3 STR 2.4 CIT	Agent signature required E AE EEI AODHESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. 1015 NAME SIREFI ADORESS , DILY-ST-ZIP MILLE NAME SIREFI ADDRESS CITY-ST-ZiP HILLE	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	ed and tille if application DIRECTORS DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Agent signature required E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	PRS IN 12 Addition Addition
SIGNATURE 12. FIDE NAME SPEEL ADDRESS OUY-ST-ZIP ITTLE STREEL ADDRESS OUY-ST-ZIP ITTLE THE TADDRESS OUY-ST-ZIP ITTLE	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	ord and tille if appricable D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT' E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM	Agent signature required E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. THE SPEEL ADDRESS SOLLY-ST-ZIP THE STREEL ADDRESS STREEL ADDRESS SOLLY-ST-ZP THE VAME	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT' E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM 3.3 STR 3.4 CIT	Agent signature required to the signature re	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change	Addition Addition
SIGNATURE 12. TOUE NAME SIREELADORESS CHY-ST-ZIP TILLE NAME STREELADORESS CHY-ST-ZIP TILLE NAME STREELADORESS CHY-ST-ZIP TILLE NAME STREELADORESS CHY-ST-ZIP TILLE	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	ord and tille if appricable D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT' E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM 3.3 STR 3.4 CIT E 4.1 TITL E 4.1 TITL	Agent signature required to the state of the	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change	Addition Addition
SIGNATURE 12. THE	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT' E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT E 4.1 TITL 4.2 NAM	Agent agnature required to the second	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change	Addition Addition
SIGNATURE 12. THE STREET ADDRESS SOLLY-ST-ZIP THE STREET ADDRESS SOLLY-ST-ZP THE STREET ADDRESS	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 3.1 TITL 3.2 NAM 3.3 STR 5.4 CIT E 4.1 TITL 4.2 NAM 4.3 STR	Agent signature required to the state of the	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change	Addition Addition
SIGNATURE 12. THE FACTOR SS SIDE FOR SS	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI	(NOTE Registered 13. E 11 TITL 1.2 NAM 1.3 STR 1.4 CIT' E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM 3.3 STR 3.4 CIT E 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT	Agent agnature required to the second	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change	Addition Addition
SIGNATURE 12. THE FAME STREET ADORESS OBY-ST-ZIP HILE VAME STREET ADORESS OBY-ST-ZP HILE VAME STREET ADORESS OBY-ST-ZP HILE VAME STREET ADORESS OBY-ST-ZIP HILE VAME STREET ADORESS OBY-ST-ZIP HILE VAME STREET ACORESS OBY-ST-ZIP	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2 2 NAM 2.3 STR 2.4 CIT 4 CIT 3 1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.2 NAM 4.3 STR 4.4 CIT 4.4 CIT	Agent signature required to the state of the	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change Change	Addition Addition
SIGNATURE 12. THE FARME STREEL ADDRESS CITY-ST-ZIP HILE NAME STREEL ADDRESS CITY-ST-ZIP HILE NAME	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT E 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT E 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT E 5.1 TITL 5.2 NAM	Agent signature required to the state of the	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change Change	Addition Addition
SIGNATURE 12. THE THE NAME STREET ADDRESS CHY-ST-ZIP	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2 2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT E 51 TITL 5.2 NAM 5.3 STR	Agent aignature required to the second secon	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change Change Change	Addition Addition Addition
SIGNATURE 12. THE FORM STREET ADDRESS CHY-ST-ZIP THE STREET ADDRESS CHY-ST-ZIP	P QUIROZ, FAUSTO R. 9821 SW 2ND ST. PEMBROKE PINES FL 33025 V/M QUIROZ, IRIS J. 9821 SW 2ND ST.	D DIRECTORS DELETI DELETI DELETI	(NOTE Registered 13. E 1 1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2 2 NAM 2.3 STR 2.4 CIT E 31 TITL 3.2 NAM 3.3 STR 4.4 CIT 4.2 NAM 4.3 STR 4.4 CIT 5.2 NAM 5.3 STR 5.4 CIT E 6.1 TITL E	Agent agnature required to the second	ired when reinstating)	purpose of ept the appo DATE ICERS AND	DIRECTO Change Change Change	Addition Addition Addition
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